



Name: _____
(First) (Middle) (Last Name)

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____
(Home) (Work) (Cell) (Fax)

Email: _____ City Council District: _____

Driver's License: _____ Gender: ☐ Male ☐ Female

Ethnicity: ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ American Indian ☐ Other

Qualified Voter: ☐ Yes ☐ No Current Resident: ☐ Yes ☐ No If yes, number of years: _____

Company: _____ Job Title: _____

Business Address: _____
(Street) (City) (State) (Zip)

Send Correspondence To: ☐ Home ☐ Business ☐ E-mail Current Board Member: ☐ Yes ☐ No

First Preference: _____

Second Preference: _____

Third Preference: _____

LIST LICENSES OR CERTIFICATIONS APPLICABLE TO BOARD: _____

LIST PRIOR CITY BOARD EXPERIENCE OR OTHER PERTINENT INFORMATION: _____

Signature of Applicant: _____ Date: _____

ELIGIBILITY REQUIREMENTS: *Arlington residents must be eligible to vote in the City (except Youth representatives), hold no publicly elected office, and must not be delinquent in payment of any amounts due to the City, including property taxes, water utility payments, adjudicated citations, etc. Information submitted is public information under the Texas Public Information Act.* Public deliberation and selection of applicants by City Council is subject to the provisions of the Texas Open Meetings Act.

Please return application to:
Mayor & Council • Mail Stop 01-0310
101 West Abram Street • P.O. Box 90231 • Arlington, Texas 76004-3231 • 817-459-6122